

EXHIBIT 1

RECEIPT FOR CASH OR OTHER ITEMS

G-DEP IDENTIFIER

DATE _____

Atlanta Field Office

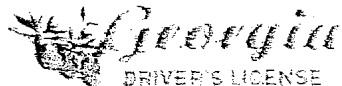
PURPOSE (If Applicable)

copy of medical records
pertaining to Christopher
Benoit

nothing follows

NAME AND TITLE (Print or Type)

Lanita R. New (Diversum Inv. Cst)



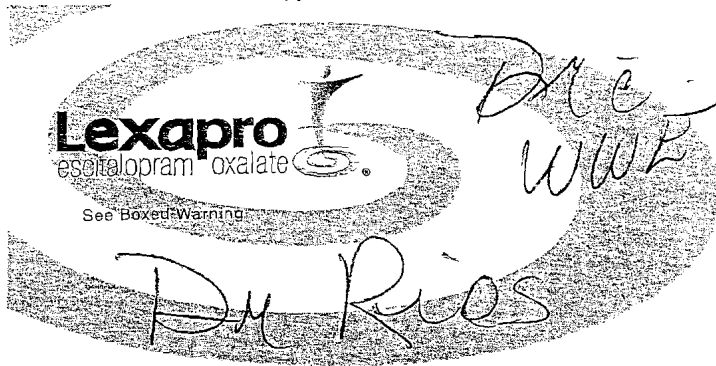
NUMBER 071754038 EXPIRES 05-21-2007

BENOIT, CHRISTOPHER M
304 PEMBERTON CT
PEACHTREE CITY, GA 30269-3826

SEX	BIRTHDATE	EXAM DATE	COUNTY
M	05-21-1967	05-26-2003	056
HEIGHT	WEIGHT	CSC	FEE
5-10	225	7-24	005.00
CLASS	ENDORSEMENTS	TYPE	
C		DUP	



COMMISSIONER
Tommy F. Smith



203-249-6673

Appt June 12 @ 3:00
~~2:30~~

NEW PATIENT INFORMATION

WELCOME TO OUR OFFICE

DATE June 7, 2000

Patient: (Mr. Mrs. Ms.) Benoit Christopher M.
Last First Middle
Address: 304 Pemberton Ct City Peachtree City State GA Zip 30269
Home Phone: 487-2745 ~~770-486-0077~~ Date of Birth 5-21-67 Social Sec. # 358-95-0055
Employer: Wolverine Sports Inc. Bus. Phone 770-331-4285
Employer's Address: 304 Pemberton Ct City Peachtree City State GA Zip 30269
Spouse's Name: Nancy Sullivan Address: _____
(If Different from above)

INSURANCE INFORMATION

Insurance Company Name: State Farm ID # Hospital Benefits Only
Secondary Insurance Co.: _____ ID # _____
Medicare #: _____ Medicaid #: _____

Referred By: Ray Taylor City _____ State _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I request that payment of authorized Medicare/Other Insurance company benefits be made to the attending physician for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable to related services.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. In Medicare/Other Insurance company assigned cases, the physician agrees to accept the charge determination of the Medicare/Other Insurance company as the full charge, and the patient is responsible only for the deductible, coinsurance, and non covered services.

SIGNATURE Chris Benoit DATE JUNE 7, 2000

IN CASE OF EMERGENCY, PLEASE CALL _____

PHONE: _____ NAME _____

Phil C. Astin III, M.D.
702 Dixie Street
Carrollton, Ga. 30117



**HEALTH
INSURANCE**

State Farm Mutual Automobile Insurance Company

BASIC HOSPITAL-SURG
Policy # HB456900 1111

Insured: CHRIS M BENOIT

Agent: MARK GRAY

(770) 487-8561

NON PPO PROVIDERS SEND BILLS TO:

STATE FARM HEALTH INSURANCE
7401 CYPRESS GARDENS BOULEVARD
WINTER HAVEN FL 33888
PHONE: (941) 325-3163

AFFORDABLE PPO PROVIDERS SEND BILLS TO:

S F H I
P O BOX 3577
SCOTTSDALE AZ 85271-3577

SPECIAL MEDICAL INFORMATION

Allergies:

NONE

Blood Type:

In Case of an Emergency Contact:

Name: Michael or Margaret Bawit

Phone: 403 922-3371

Please contact your State Farm Agent or Group
Plan Administrator to report a claim.

PATIENT QUESTIONNAIRE

NAME Christopher Benoit
 ADDRESS 304 Pemberton Ct
 CLINIC PHYSICIAN Dr. Phil Astin III

Instructions: Please answer all questions to the best of your ability.
 Check all questions asking for yes or no answers appropriately, but leave blank if you are not sure.
 Leave comments blank as these will be filled in by the physician.

A. GENERAL HEALTH (circle) – Excellent Good Fair Poor

B. <u>PAST MEDICAL HISTORY:</u>	Yes	No	Year	Complications	Comments
<u>MEDICAL ILLNESSES</u>					
<u>Measles (Red)</u>					
<u>Measles (German)</u>					
<u>Mumps</u>					
<u>Chickenpox</u>	✓				
<u>Polio</u>					
<u>Rheumatic fever</u>					
<u>Pneumonia</u>					
<u>Tuberculosis</u>					
<u>Cancer</u>					
<u>Diabetes</u>					
<u>Blood Disorders</u>					
<u>Heart Disease</u>					
<u>Kidney Disease</u>					
<u>High Blood Pressure</u>					
<u>Liver Disease</u>					
<u>Glandular Disorders</u>					
<u>Skin Disease</u>					
<u>Neurologic Disorders</u>					
<u>Emotional Disorders</u>					

OTHER ILLNESSES AND/OR SURGERY: (Please list illness or surgery, year, and complications)

	Year	Complications	Comments
<i>Elbow Surgery</i>	<i>1998</i>	<i>NO</i>	

INJURIES: (List all significant injuries which you can recall either in childhood or adult life with approximate date and complications)

	Year	Complications	Comments
<i>CONCUSSION</i>	<i>1997</i>	<i>NO</i>	
<i>"</i>	<i>2000</i>	<i>NO</i>	

IMMUNIZATIONS:

	Yes	No	Year
Small Pox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>childhood</i>
Tetanus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>"</i>
Polio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>"</i>
German Measles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>"</i>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	

ALLERGIES: (List all drugs or substances to which you are allergic and specify type of reaction (ie: itching, rash, hives, wheezing, swelling, etc.)

<u>Allergy</u>	<u>Reaction</u>
Morphine	Nausea

<u>HABITS:</u>	No	Yes	How much (per day/per week)
Cigarettes	✓		
Cigars	✓		
Pipe	✓		
Alcohol		✓	Occasional
Drugs (Specify)	✓		

MEDICATIONS: (List all medications which you now take regularly).

<u>Medication</u>	<u>Amount per day</u>
Vicodin	Varies
Valium	1-2 per day
Perocet	1-2 per day

List all medications which you have taken in the past 6 months (excluding those listed above)

CORTIZONE

C. FAMILY HISTORY:		Age	State of health (If dead, cause of death)
Father			
Mother			

Brothers	Sisters	Age	State of health (If dead, cause of death)

Children

Male	Female	Age	State of health (If dead, cause of death)

Have any relatives had the following:

Illness	No	Yes	If yes, what relation?	Comments
Diabetes	✓			
High blood pressure	✓			
Heart disease	✓			
Kidney disease	✓			
Strokes	✓			
Hardening of the arteries	✓			
Arthritis or rheumatism	✓			
Goiter	✓			
Cancer	✓			
Tuberculosis	✓			
Venereal disease	✓			
Seizures	✓			

D. REVIEW OF SYSTEMS: Please check yes or no as deemed appropriate regarding the following symptoms.
If you are not sure, leave blank. Leave comments blank.

No	Yes	GENERAL	Comment
✓		Weakness	
✓		Tiredness	
✓		Early morning	
✓		Late afternoon	
✓		Lack of appetite	
✓		Excess appetite	
✓		Weight loss	
✓		Weight gain	
✓		Chills	
✓		Fever	
✓		Night sweats	
	✓	Difficulty in sleeping	

No	Yes	EYES, EARS, NOSE, THROAT	Comment
✓		Decreased ability to see	
✓		Blurred vision	
✓		Spots before your eyes	
✓		Pain in the eyes	
✓		Infection of the eyes	
✓		Difficulty in hearing	
✓		Ringing in your ears	
✓		Pain in your ears	
✓		Discharge from the ears	
✓		Nosebleeds	
✓		Running of the nose	
✓		Stiffness of your nose	
✓		Sneezing	
✓		Post-nasal drip	
✓		Sinus trouble	
✓		Hay fever	
✓		Sore throat	
✓		Hoarseness	
	✓	Pain in the neck	
✓		Dental trouble	
✓		Bleeding gums	

No	Yes	RESPIRATORY	Comment
✓		Dry cough	
✓		Cough up phlegm	
✓		Cough up blood	
✓		Wheezing	
✓		Asthma	
✓		Shortness of breath at rest	
✓		Shortness of breath with exertion	
✓		Pain in the chest when you cough, sneeze or move	

No	Yes	CARDIOVASCULAR	Comment
✓		Chest pain, tightness or squeezing	
✓		Shortness of breath lying down	
✓		Need to sit up to breathe	
✓		Heart racing	
✓		Irregular heart beat (palpitations)	
✓		Heart murmur	
✓		Swelling of the legs	
✓		Varicose veins	
✓		Leg pain at rest	
✓		Leg pain with exertion	
✓		Blue or purple discoloration of hands or feet	
No	Yes	BREASTS	Comment
✓		Lumps	
✓		Pain	
✓		Discharge	
No	Yes	GASTROINTESTINAL	Comment
✓		Nausea	
✓		Vomiting	
✓		Diarrhea	
✓		Constipation	
✓		Heartburn	
✓		Abdominal pain	
✓		Bright red blood in stools	
✓		Black stools	
✓		Change in bowel habits	
✓		Food intolerance	
✓		Need for antacids	
✓		Hemorrhoids	
No	Yes	URINARY	Comment
✓		Urinary tract infections	
✓		Pain or burning on urination	
✓		Frequent urination – day	
✓		Frequent urination – night	
✓		Unusually large volumes of urine	
✓		Extreme urge to urinate	
✓		Difficulty starting urinary stream	
✓		Difficulty stopping urinary stream	
✓		Kidney stones	
No	Yes	GENITO-REPRODUCTIVE (Male)	Comment
✓		History of venereal disease	
✓		Discharge from penis	
✓		Testicular pain	
✓		Lumps in testicles or scrotum	
✓		Decrease in testicular size	
✓		Decreased sexual desire	
✓		Decreased ability to achieve erection	

Please indicate appropriate answers to the following:

No	Yes	GENITO-REPRODUCTIVE (Female)	Comment
		Age of onset of menstrual periods	
		Age which periods stopped (menopause)	
		How far apart are your periods?	
		How many days do they last?	
		Is flow heavy, scanty or normal? (circle one)	
		Do you ever bleed between periods?	
		Do you ever have to go to bed because of cramps?	
		When was date of your last normal period?	
		When was date of the last period before that?	
		Do you ever have heavy vaginal discharge?	
		Have you had any venereal disease? (if yes, what kind)?	
		Does intercourse cause undue pain?	
		Do you have decreased sexual desire?	
		Have you had any vaginal bleeding since menopause?	
		Are you bothered by hot flashes?	
		Are you taking any female hormones?	

OBSTETRICAL	Number	None	Comment
<u>Pregnancies</u>			
Full term deliveries			
Miscarriages			
Stillbirths			
Complications			
high blood pressure			
toxemia			
severe hemorrhage			
any children over 9 lb. at birth			
other (indicate type)			

No	Yes	MUSCULOSKELETAL	Comment
	✓	Painful joints	
✓		Swelling of any joints	
✓		Redness of any joints	
	✓	Stiffness of any joints	
✓		Deformities of the joints or extremities	
✓		Muscle pain	
	✓	Back pain	
✓		Pain down the back of your legs	

No	Yes	ENDOCRINE	Comment
		Goiter	
		Heat intolerance	
		Cold intolerance	
		Tremulousness of the hands	
		Change in pitch of the voice	
		Increased body hair (face, under arms or pubic)	
		Decreased body hair (face, under arms or pubic)	
		Decrease in breast size	
		Loss of periods (disregard if from normal menopause)	
		Increased thirst	
		Increased urination	
		Marked increase in appetite	

No	Yes	NEUROLOGIC / PSYCHIATRIC	Comment
		Nervousness	
		Depression	
		Difficulty in going to sleep	
		Early morning awakening	
		Difficulty with memory for past events	
		Difficulty with memory for recent events	
		Difficulty with thinking or problem solving	
		Headaches	
		Blackouts	
		Dizziness	
		Double vision	
		Paralysis or weakness of a limb(s)	
		Loss of sensation	
		Loss of balance	
		Loss of coordination	
		Difficulty in speaking	

No	Yes	SKIN	Comment
		Dryness of skin	
		Itching	
		Rash	
		Change in skin color	
		Change in texture of the hair	
		Falling out of the hair	
		Nail changes	
		Skin ulcers	



CARROLLTON SURGICAL GROUP, P.A.
GENERAL AND VASCULAR SURGERY

JAMES C. POPE, M.D., FACS
THOMAS E. REEVE, III, M.D., FACS
DAVID W. GRIFFIN, M.D., FACS
BRIAN E. BARDEN, M.D.

157 CLINIC AVENUE, SUITE 302
CARROLLTON, GEORGIA 30117
(770) 834-3336
FAX (770) 832-2331

RAUL G. ZUNZUNEGUI, M.D., FACS
BARRY E. HARRIS, M.D.
KATHRYN B. SAMPLES, PA-C

204 ALLEN MEMORIAL DRIVE, SUITE 103
BREMEN, GEORGIA 30110
(770) 537-4702
FAX (770) 537-4539

FAX TRANSMISSION COVER SHEET

DATE: 3-13-07

TO: Dr. Astin

LOCATION: _____

FAX NUMBER: _____

TELEPHONE: _____

FROM: Melissa

Telephone: 770-834-3336 Fax Number: 770-832-2331

COMMENTS: _____

NUMBER OF PAGES INCLUDING COVER SHEET 10

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Thank you.

History and Physical

Patient Name: Chris Benoit
Patient ID: 42459
Sex: Male
Birthdate: May 21, 1967

Visit Date: June 12, 2006
Provider: Thomas E. Reeve, III MD
Location: Carrollton Surgical Group

Chief Complaint

- "Lump near my navel"

History Of Present Illness

The patient is a 39 year old white male, referred by Phil C Astin for evaluation of a supraumbilical hernia. He reports a bulge in the umbilical region. The bulge has been present for 3 months. The patient has not attempted to reduce the bulge.. He has no history of prior abdominal surgeries.

He reports no associated pain, nausea, paresthesias at the site.

Past Medical History

Disease Name	Date Onset	Notes
No Past Medical History	--	--

Past Surgical History

Procedure Name	Date	Notes
Elbow Surgery	--	Repair Ligament
Neck Fusion	--	--

Medication List

Name	Date Started	Instructions
No Current Medications	--	--

Allergy List

Allergen Name	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--

Family Medical History

Disease Name	Relative/Age	Notes
No Significant Family History	--	--

Social History

Finding	Status	Start/Stop	Quantity	Notes
Does not drink alcohol	--	--/--	--	--
Does not smoke	--	--/--	--	--
Married	--	--/--	--	--

Review of Systems

Constitutional

- o Denies : fatigue, fever, loss of appetite

Eyes

- o Denies : blurred vision, amaurosis fugax

HENT

- o Denies : lightheadedness, nasal congestion

Cardiovascular

- o Denies : chest pain, irregular heart beats, rapid heart rate, syncope, dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea, claudication

Respiratory

- o Denies : shortness of breath, wheezing, cough, hemoptysis

Gastrointestinal

- o Denies : nausea, vomiting, diarrhea, constipation, dysphagia, heartburn, hematemesis, jaundice, blood in stools, hematochezia, melena

Genitourinary

- o Denies : frequency, dysuria, nocturia, hematuria

Neurologic

- o Denies : muscular weakness

Musculoskeletal

- o Denies : joint pain, muscle cramps

Endocrine

- o Denies : weight gain, weight loss

Heme-Lymph

- o Denies : lightheadedness, easy bleeding

Vitals

Date	Time	BP	Position	Body Site	Laterality	Cuff Size	HR	RR	TEMP(°F)	WT	HT
06/12/2006	4:03:53 PM	128/81	Sitting				52 - R	18		217lbs 0oz	5' 10"

Physical Examination**Constitutional**

- o Appearance : well nourished, well developed, alert, oriented, in no acute distress

Eyes

- o Conj, Sclera, Lids : conjunctiva normal, sclera white without injection, eyelid appearance normal
- o Pupils and Irises : pupils equal and round, pupils reactive to light bilaterally

HENT

- o Head : normocephalic, atraumatic
- o Ears - External : external ears within normal limits
- o Ears - Hearing : hearing intact
- o Nose : external nose normal appearance
- o Mouth and Lips : oral cavity appearance normal, oral mucosa pink and moist
- o Oropharynx : oropharynx clear without erythema or exudates

Neck

- o Neck : normal appearance, range of motion normal
- o Thyroid : gland size normal, nontender, no nodules or masses present on palpation

Chest

- o Inspection of chest : no lesions or traumatic injuries, no deformities present
- o Respiratory Effort : breathing unlabored
- o Auscultation : normal breath sounds

Cardiovascular

- o Auscultation : regular rate, normal rhythm, no murmurs present
- o Carotid arteries : normal pulses bilaterally, no bruits present
- o Abdominal aorta : aortic pulse normal without bruits
- o Femoral a. : normal femoral pulses, no bruits present
- o Pedal pulses : pulses 2+ bilaterally
- o Peripheral circulation : no edema, no cyanosis

Gastrointestinal

- o **Palpation/Auscultation** : abdomen nontender to palpation, normal bowel sounds, tone normal without rigidity or guarding, no masses present, no incisions present
- o **Liver and spleen** : no hepatomegaly present, liver nontender to palpation, spleen not palpable
- o **Hernias** : *incarcerated ventral hernia present*
See diagram

Lymphatic

- o **Neck** : no lymphadenopathy present
- o **Groin** : no lymphadenopathy present

Musculoskeletal

- o **Head and Neck** : normocephalic, head atraumatic
- o **Digits and Nails** : no clubbing, cyanosis, deformities or edema present, normal appearing nails
- o **Gait and station** : normal gait

Skin

- o **Inspection** : no suspicious lesions present, no areas of discoloration present
- o **Palpation** : no masses present on palpation, no tenderness to palpation

Neurologic

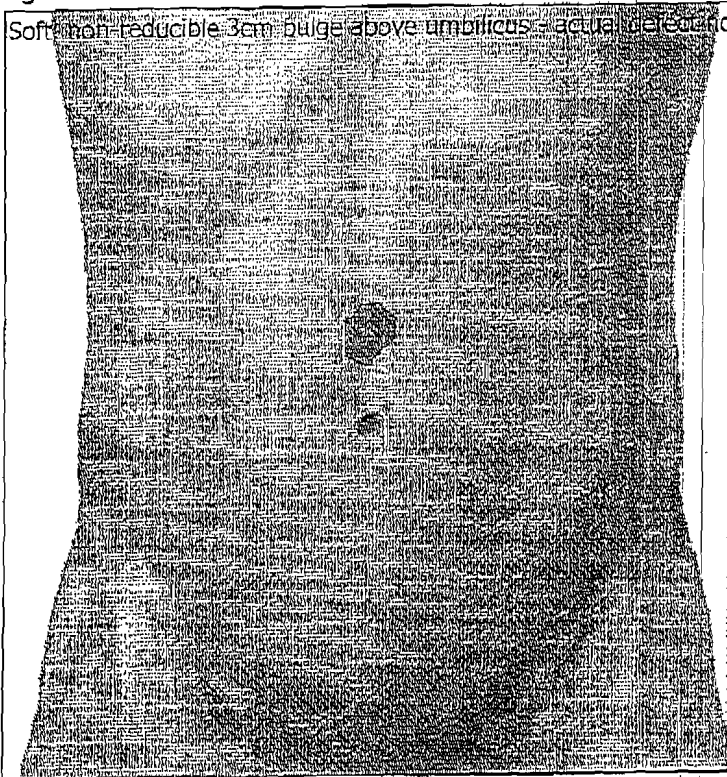
- o **Cranial Nerves** : cranial nerves intact bilaterally
- o **Sensation** : sensation intact to light touch in extremities

Psychiatric

- o **Judgement, insight** : judgement and insight intact
- o **Orientation** : oriented to person, oriented to place, oriented to time
- o **Mood and affect** : mood normal, affect appropriate

Figure 1.0: Abdomen

Soft non-reducible 3cm bulge above umbilicus - actual defect not palpable.

**Assessment**

- Ventral Hernia 553.20

Plan**Instructions**

- o Verbal and written consent obtained
- o Pre-operative instructions provided
- o Post-operative instructions provided
- o Schedule surgery (patient will be informed of date) - Repair (open or possible laparoscopic) of ventral (epigastric) hernia
- o Letter to referring MD

Electronically Signed by: Thomas E. Reeve, III MD on June 12, 2006 05:51:47 PM

45380 ✓

TANNER MEDICAL CENTER
705 Dixie Street
Carrollton, Georgia 30117

OPERATIVE REPORT

PATIENT NAME: BENOIT, CHRIS
ROOM NUMBER:
PATIENT TYPE: REG SDC
MEDICAL RECORD #: M000410674
ACCOUNT NUMBER: L00001305897
ATTENDING PHYSICIAN: REEVE III, THOMAS E
DICTATED BY: REEVE, THOMAS E III
ADMISSION DATE:

Date/Time Dictated:
Date/Time Transcribed:
Report Number: OP0824-0049

Dict: 06/23/2006 12:30:53
Trans: 06/23/2006 13:24:23

Job #: 38444

DATE OF PROCEDURE: 06/23/2006

PREOPERATIVE DIAGNOSIS: Incarcerated supraumbilical hernia.

POSTOPERATIVE DIAGNOSIS: Incarcerated supraumbilical hernia.

PROCEDURE: Repair of incarcerated supraumbilical hernia and placement of 4.3 x 4.3 cm circular Bard Ventralex mesh.

SURGEON: Thomas E. Reeve, M.D.

ANESTHESIA: General.

PATHOLOGY: This 38-year-old male was seen in the office recently with a 2-3 month history of a bulge above the umbilicus which is clinically consistent with an incarcerated supraumbilical hernia. The actual defect measured approximately 1 cm in diameter with incarcerated preperitoneal fat.

SPECIMENS: No specimen sent to pathology.

ESTIMATED BLOOD LOSS: Less than 10 mL.

OPERATIVE PROCEDURE: Following adequate preparation, the patient was taken to the operating room and placed in supine position. Following administration of general anesthesia, the patient's abdomen was prepped and draped in the usual sterile manner. The scalpel was used to make a midline incision slightly above the umbilicus overlying the defect and slightly caudad to it. The incision was carried through skin and subcutaneous tissue sharply. The underlying hernia sac was then bluntly dissected and freed from the surrounding fascia and reduced. The defect was slightly opened inferiorly. The mesh was then placed with the straps separated and the excess excised. The straps and the polypropylene side of the mesh was then attached to the fascia anteriorly with interrupted 2-0 Novofil sutures. The cavity was irrigated.

Physician's copy
06/24/06 BENOIT, CHRIS

TANNER MEDICAL CENTER Carrollton
BENOIT, CHRIS M000410674
Report Number: OP0624-0049
OPERATIVE REPORT Draft

hemostasis noted, and subcutaneous tissue approximated with running 3-0 Vicryl, injected with 0.25% Marcaine with epinephrine, and the skin approximated with running 4-0 Vicryl in subcuticular fashion. Steri-strips were applied. Sponge and instrument counts correct x2. The patient tolerated the procedure well and was taken to the recovery room and subsequently Short Stay Unit in satisfactory condition. He will be discharged. Return to my office in 7-14 days or sooner p.r.n.. He will be discharged with Percocet x24. Told _____ x12. He has been instructed as to exercise limitations, diet and incisional care.

TER/MEDQ
McQuist

THOMAS E REEVE III M.D.
REETH/

cc: REEVE III, THOMAS E

Physician's copy
08/24/06 BENOIT, CHRIS

Quick Note

Patient Name: Chris Benoit
Patient ID: 42459
Sex: Male
Birthdate: May 21, 1967

Visit Date: July 10, 2006
Provider: Thomas E. Reeve, III MD
Location: Carrollton Surgical Group

History Of Present Illness

The patient is a 39 year old white male who returns for a postoperative visit after undergoing repair of supraumbilical hernia utilizing Ventralex Mesh on 06/23/2006.

He denies any significant postoperative complications. The patient states he has resumed normal activities.

Vitals

Date	Time	BP	Position	Body Site	L/R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	O2 Sat	HC
07/10/2006	11:02:07 AM	122/80	Sitting										

Physical Examination

Constitutional

- o **Appearance :** A well-nourished, well-developed patient who ambulates without difficulty.

Gastrointestinal

- o **Palpation/Auscultation :** *well-healed incision present*, abdomen nontender to palpation, abdomen nondistended, no masses present, no abdominal bruits present
- o **Hernias :** No abdominal wall hernias are present.

Assessment

- Postoperative Follow-Up Visit V67.00

Plan

Instructions

- o Discussed further postoperative instructions
- o Will see again as needed

Electronically Signed by: Thomas E. Reeve, III MD on July 10, 2006 11:46:50 AM

MEDICAL HISTORY

PATIENT Chris Benoit DATE OF BIRTH 05-21-67 AGE 39
 REFERRED BY Dr. Astin PRIMARY PHYSICIAN Dr. Astin

CHIEF COMPLAINT Abdominal - Umb. Hernia HOW LONG? ?
 MAIN SYMPTOMS _____

PRIOR SURGERIES:

TONSILLECTOMY? YES ☒ NO
 APPENDECTOMY? YES ☒ NO
 PACEMAKER? YES ☒ NO
 GALLBLADDER? YES ☒ NO
 HYSTERECTOMY? YES ☒ NO

HERNIA REPAIR? YES ☒ NO
 HEMORRHOIDECTOMY? YES ☒ NO
 OTHER SURGERIES: Back fusion, elbow surgery

CURRENT/PRIOR MEDICAL PROBLEMS

ANY TROUBLE WITH:

HEART? YES ☒ NO
 LUNGS? YES ☒ NO
 KIDNEYS? YES ☒ NO
 LIVER? YES ☒ NO
 BLOOD PRESSURE? YES ☒ NO
 GALLBLADDER? YES ☒ NO
 GASTROINTESTINAL? YES ☒ NO
 THYROID? YES ☒ NO

IF YES, EXPLAIN:

HAVE YOU HAD:

CANCER? YES ☒ NO
 STROKE? YES ☒ NO
 DIABETES? YES ☒ NO
 ASTHMA? YES ☒ NO
 HEART ATTACK? YES ☒ NO

IF YES, EXPLAIN:

FAMILY MEMBER HAD:

CANCER? YES ☒ NO
 DIABETES? YES ☒ NO
 HIGH BP? YES ☒ NO
 HEART DISEASE? YES ☒ NO

IF YES, EXPLAIN:

MEDICATIONS CURRENTLY TAKING

NONE

ARE YOU ALLERGIC TO ANY MEDICATION? ☒ YES ☐ NO

Morphine - Vomiting/Nausea

DO YOU USE TOBACCO? YES ☒ NO

AMOUNT? _____

DO YOU USE ALCOHOL/DRUGS? YES ☒ NO

HOW OFTEN? _____

DO NOT WRITE BELOW THIS LINE

GYN/OB HISTORY:

LMP _____ G _____ P _____ A _____ LC _____ PAP SMEAR _____
 MAMMOGRAM _____

WEIGHT 217

HEIGHT 5'10"

BP 128/81

DATE 10/10/06

NURSE (Signature)

P: 52 R: 18

Dr. Phil C. Astin III, M.D., P.C.
702 Dixie Street
Carrollton, GA 30117

**Fax
Transmission**

- ☐ Please call to confirm receipt
☐ Please respond by return fax
☐ Call only if transmission is incomplete

Date: 06/26/07
To: Detective Bo Turner

Fax number: (770) 716-4876
From: Dr. Phil C. Astin III

main
Phone # (770) 461-6353

Our phone: (770) 830-0669
Our fax: (770) 830-6655

of pages including cover page: 2

RE: Pt. Chris Benoit

FAXED
06/26/07

@1:13

PHIL C. ASTIN III, M.D., P.C.

Internal Medicine

702 DIXIE STREET
CARROLLTON, GEORGIA 30117
Telephone (770) 830-0669

June 26, 2007

To Whom It May Concern:

I have been Chris and Nancy Benoit's personal physician and friend for approximately seven (7) years. Chris Benoit was seen in our office on Friday, June 22, 2007. He was here from approximately 12:30 p.m. to about 1:45 p.m. He was seen on a routine check-up which he is seen in 2-3 month intervals.

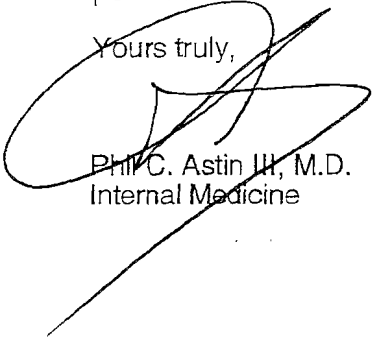
He had no outstanding complaints other than his usual pain and muscular spasms. He did state he wanted to restart an antidepressant, Zoloft, which he had taken in the past. On further history he stated he was mildly depressed mostly secondary to his travel schedule. He was given a prescription for Zoloft 50 mg. One per day, the usual dose and the same dose he had used in the past.

Chris did not appear outwardly depressed nor anxious. He did state Nancy had been very "moody" lately and he asked about premenopausal and hormonal changes in women her age. I explained about hormonal changes, menopause, and mood swings to Chris. He asked me to see her professionally after the upcoming July 4th holiday. I agreed to see her and agreed not to mention our conversation or his conversation to her.

Chris stayed at our office conversing with my staff as he usually does during his visits. He signed a few autographs for some patients and left approximately 1:45 p.m. He did not appear distressed, anxious, nor even depressed at the time he was in the office. I told Chris as a friend I would call Nancy if he desired, but he stated I could see her later.

I hope this helps in the investigation of this tragic incident involving a great athlete and good person.

Yours truly,



Phil C. Astin III, M.D.
Internal Medicine

PHIL C. ASTIN III, M.D., P.C.

Internal Medicine

702 DIXIE STREET
CARROLLTON, GEORGIA 30117
Telephone (770) 830-0569

March 15, 2007

To Whom It May Concern:

Chris Benoit has been a patient of ours for many years.

He was diagnosed with Primary Hypogonadism. His testosterone level was abnormally low and has improved with treatment of testosterone.

Enclosed is a copy of his labs showing improvement in his levels and in his condition.

Yours truly,



Phil C. Astin III, M.D.
Internal Medicine

Addendum:

Mr. Benoit has also been prescribed Hydrocodone products and Soma for the residual affects he experiences from his previous injuries, especially his fractured neck in 2004. He hasn't shown any experience of misuse or abuse of his medications and is monitored on a routine basis.

Yours truly,



Phil C. Astin III, M.D.
Internal Medicine



CARROLLTON SURGICAL GROUP, P.A.

GENERAL AND VASCULAR SURGERY

JAMES C. POPE, M.D., FACS
THOMAS E. REEVE, III, M.D., FACS
DAVID W. GRIFFIN, M.D., FACS

157 CLINIC AVENUE, SUITE 302
CARROLLTON, GEORGIA 30117
(770) 834-3336
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BRIAN E. BARDEN, M.D.
RAUL G. ZUNZUNEGUI, M.D., FACS
KATHRYN B. SAMPLES, PA-C

204 ALLEN MEMORIAL DRIVE, SUITE 103
BREMEN, GEORGIA 30110
(770) 537-4702
FAX (770) 537-4539

June 12, 2006

Phil C. Astin, III, M.D.
702 Dixie Street
Carrollton, GA 30117

Re: Chris Benoit

Dear Phil:

Chris Benoit was in the office today regarding his ventral hernia. We discussed proceeding with repair and will do that in the coming weeks.

I will keep you posted, and do appreciate very much the chance to see this pleasant gentleman with you.

Sincerely,

A handwritten signature in dark ink, appearing to read "TER", is positioned above the printed name of the sender.

Thomas E. Reeve, III, MD, FACS

TER/kp45380

REQUEST FOR RELEASE

OF

MEDICAL RECORDS

TO: Dr. L Youngblood
ADDRESS: 4410 Medical Dr. Suite 610
CITY: San Antonio STATE: Tx ZIP: 78229

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

PHIL C. ASTIN III, M.D. P.C.

702 DIXIE STREET

CARROLLTON, GA 30117

MAY 1 2006
DATE


PATIENT'S SIGNATURE

MAY 21 1967
PATIENT'S Date of Birth

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRISTOPHER M. BENOIT

DOB: 05/21/67

ID#: 552361

09/29/05 NEUROSURGICAL FOLLOW-UP:

Chris Benoit returns to the office today 4 and 1/3rd years out from his anterior discectomy, interbody fusion with autogeneic iliac crest bone graft and anterior cervical plating at C5-6 and C6-7. Mr. Benoit did very well following his surgery, obviously related to an extreme degree of motivation. He regained the World Championship in wrestling. He works 4 days a week in a very demanding career. He has intermittent aches and pains, occasional pain in the dorsum of the right hand, but no apparent radicular pain. His motor function is excellent.

AP lateral, flexion and extension films of the cervical spine show a textbook fusion from C5 to C7 with a monolithic piece of bone.

Chris Benoit has done exceptionally well following his C5 to C7 surgery. He may continue activity as tolerated. He has mild spondylitic change at the level below and essentially normal disc spaces above. I will be available to see him in the future as necessary.

Lloyd A. Youngblood, M.D./gr

c: Mr. Christopher M. Benoit

****This document has been dictated but not read and is subject to transcription variation.**

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P.A.
OFFICE NOTES

CHRISTOPHER M. BENOIT

ID#: 552361

Page One

DOB: 5/21/67

6/22/01 NEUROSURGICAL EVALUATION:

HISTORY OF PRESENT ILLNESS: Chris Benoit is a 34-year old gentleman, referred by his friend and colleague Steve Williams for neurosurgical consultation regarding right triceps weakness. Chris Benoit has had an occasional "pinched nerve" sensation in his neck for the last 10 to 15 years following wrestling or strenuous physical activity. The "pinched nerve" sensation might last a day or up to two weeks. He underwent chiropractic adjustments on perhaps 10 or 20 visits over the years. Starting in late April 2001, he had a pinched nerve sensation in the right neck for a couple of weeks. In early May after a wrestling match the relatively mild pinched nerve sensation became much more severe when he awoke the morning after the wrestling match. The pain was located in the right posterolateral neck. There was also some radiation to the right trapezial ridge. There was some relatively mild pain in the right posteromedial arm and in particular in the dorsolateral right forearm. The pain has been constantly present since onset, fluctuating in intensity in both the neck and right upper extremity. The only exception was following a right C7 nerve root block on 6/8/01. He had rather good relief of the pain for a few days thereafter. Otherwise, the pain has been constantly present. The pain awakens him if he sleeps on his right side. Overall, about 70% of the pain has been in the right posterolateral neck and 30% in the right forearm.

A far greater concern to Mr. Benoit is the right upper extremity weakness. He has specifically noted onset of right triceps weakness which was rather severe starting the day after the wrestling match. The triceps weakness may have improved slightly following the right C7 nerve root block but overall has not improved since onset. He normally is able to perform an essentially unlimited number of push-ups. He now is unable to perform a single push-up. He has also noted atrophy in the right triceps and right forearm. He has noted involuntary muscle twitching in those areas also. There are no paresthesias, no change with Valsalva and no loss of control of bladder, bowel or sexual dysfunction. He rates the neck pain at a 6, the right arm pain at a 5. The pain is aggravated by sitting more than 20 minutes, right lateral bending and right rotation. His last wrestling match was 6/19/01. He is scheduled for matches on 6/23 and a Pay-per-View match on 6/24. The last match caused substantial increase in the pain. Bedrest has provided minimal benefit. He takes perhaps two Lorcet 10 mg tablets 3 or 4 times a week. He underwent a session of physical therapy 9 days ago which was primarily an initial evaluation. The nerve root block was on 6/8/01. Overall, there has been no improvement in his rather marked triceps weakness since onset. He is particularly concerned about the atrophy and involuntary twitching.

PAST MEDICAL HISTORY: Chris Benoit underwent reattachment of a left elbow ligament in 1998. He has no significant medical conditions. **Morphine on a couple of occasions has produced severe nausea.** He takes aspirin 5 grains once daily and the above noted Lorcet.

FAMILY HISTORY: Unremarkable. Family medical history is noncontributory.

SOCIAL HISTORY: Mr. Benoit is married. He has sons ages 8 years and 15 months and a 3 year old daughter. He does not smoke. He has an occasional beer.

(Continued on Page Two)

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRISTOPHER M. BENOIT
ID#: 552361
Page Two

DOB: 5/21/67

6/22/01 NEUROSURGICAL EVALUATION (continuation):

REVIEW OF SYSTEMS: Unremarkable, except as noted above. General health is excellent.

PHYSICAL EXAMINATION: Mr. Benoit is a very pleasant, cooperative, 5'10" tall, 220 lb. gentleman in no acute distress. He has fairly good ROM of the cervical spine in all axes except for mild impairment of right rotation, right lateral bending and extension. Spurling's maneuver is mildly positive. There is no paravertebral muscle tenderness. Motor testing reveals marked weakness of the right triceps. This would rate as grade 3+ or at most 4- out of 5. I am able to hold my little finger against his maximum effort with his triceps. He has moderate weakness of the right wrist extensors. Sensory examination is normal. Triceps jerks are very hypoactive bilaterally, probably absent on the right side. There are no long tract signs.

DIAGNOSTIC STUDIES: MRI of the cervical spine was performed on 6/1/01 on a 0.2 Tesla low field strength open magnet. The study shows cervical spondylosis from C3-4 down to C6-7, greater on the left at C3-4 and C4-5 with neuroforaminal encroachment at those levels. At C5-6, the neuroforaminal encroachment is greater on the right side. At C6-7, there is bilateral neuroforaminal stenosis. Plain films show decreased cervical lordosis. He has disc space narrowing and spondylosis at C6-7, greater than C5-6. There are fairly large anterior osteophytes at C6-7, greater than C5-6.

ASSESSMENT: Mr. Benoit has a several year history of intermittent activity related mild neck pain without any radicular signs or symptoms. He now has a six-week history of acute right C7 radiculopathy with marked right triceps weakness. He also has weakness of the right wrist extensors. The right triceps jerk is absent. His neurologic exam is otherwise normal. He has cervical spondylosis greatest right C5-6 and bilaterally at C6-7 with lesser disease on the left at C3-4 and C4-5, the side opposite his symptoms. He is very concerned about the degree of triceps weakness and apparent atrophy. He has also noted some atrophy of the right pectoralis major.

RECOMMENDATION: We reviewed diagnostic and therapeutic options in detail. Mr. Benoit is quite concerned about the severity of his right triceps weakness and atrophy. I share his concern. We discussed the possibility of an intense two-week course of physical therapy, additional injections, oral cortical steroids, analgesics and muscle relaxants as well as home measures. I also discussed the possibility of surgical decompression of the compromised right-sided nerve root, probably C7. Mr. Benoit prefers to proceed with decompression of the nerve root in an attempt to reduce the severe right triceps weakness and atrophy. I think this is a very reasonable and appropriate approach. We will need to obtain a high-resolution MRI on a 1.5 Tesla closed unit. We discussed the possibility of anterior versus posterior approach to decompress the nerve root. We specifically discussed anterior discectomy, osteophyte resection, foraminotomy, interbody fusion and plating from C5 to C7 versus the possibility of a laminotomy, foraminotomy and possible discectomy with nerve root decompression, perhaps right C6-7 or even right C5-6 and C6-7. I think a myelogram with post myelogram CT would also be appropriate. We need better data prior to making a definitive decision as to which would be the most

(Continued on Page Three)

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRISTOPHER M. BENOIT
ID#: 552361
Page Three

DOB: 5/21/67

6/22/01 NEUROSURGICAL EVALUATION (continuation):

appropriate approach. Mr. Benoit is in agreement with this plan. We will contact the WWF requesting permission to proceed. I would anticipate within the next 72 hours performing the MRI, myelogram and post myelogram CT. We will make further decisions at that time regarding the possibility of surgical intervention. I would think that this should be done in a rather timely fashion.

Lloyd A. Youngblood, M.D./yer

c: WWF [COMP]

*6/26/01 Pre, post-op & home care instructions given,
acknowledged. Pt at present is post myelo at
Methodist. M. Reyes Dr*

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRIS BENOIT
ID#: 552361
PAGE THREE

DOB: 5/21/67

DATE OF SURGERY: 6/28/01

HOSPITAL: Southwest Texas Methodist Hospital

PROCEDURE: ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH PLATING C5-7

DIAGNOSIS: CERVICAL SPONDYLOSIS C5-7

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRISTOPHER M. BENOIT

DOB: 05/21/67

ID#: 552361

Page Four

07/03/01 NEUROSURGICAL FOLLOW-UP:

Chris Benoit and Nancy return to the office today, five days out from his anterior cervical discectomy, foraminotomy, fusion and plating at C5-6 and C6-7 with autogenous right iliac crest bone graft. Chris reports that his preoperative pain has resolved. He has some mild stiffness in the posterior cervical region, which is easily controlled. He is up and about most of the day. He has been walking for a few hours at a time. He went up and down 36 flights of stairs the day after surgery.

Of equal importance, his preoperative profound right triceps weakness has almost resolved already. His wrist extensor weakness has completely resolved. I feel that he will have complete resolution of his preoperative neurologic deficit.

Postoperative x-rays have shown the bone grafts, plate and screws to be in excellent position.

We reviewed appropriate activity levels and exercise program in detail. We also reviewed the use of the cervical orthosis. Chris will give us a call if there are any questions. I asked him to check back with me by phone in a couple of weeks. I will see him back in the office in San Antonio in six weeks, sooner as necessary.

Lloyd A. Youngblood, M.D./sgh

c: COMP/WWF

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRISTOPHER M. BENOIT

DOB: 05/21/67

ID#: 552361

Page Four i w

11/13/01 NEUROSURGICAL FOLLOW-UP:

Chris Benoit returns to the office today 4 months and 16 days out from his anterior cervical discectomy, foraminotomy, interbody fusion with autologous iliac crest bone graft and anterior cervical plating at C5-6 and C6-7. He states, "I feel great...absolutely no pain." His pre-operative pain and paresthesias have resolved. He takes an occasional analgesic pill for knee pain. He has been on a progressive cardiovascular workout program. He does the Stairmaster for an hour, stationary bike for an hour and treadmill for 30 to 60 minutes. He goes to the gym 2 days a week and works out at his home gym daily. He is lifting 40 lb. dumbbells for bench presses. He does a set of 6 triceps extensions with 20 lb. He is very gradually increasing his capacity.

On examination, motor function has returned to normal. His incisions have healed nicely. There is no sensory deficit.

A single shot lateral cervical spine x-ray today shows the bone grafts, plate and screws to be in excellent position. The bone graft incorporation is appropriate to his time out from surgery. The fusion is progressing nicely but certainly is not yet solid.

Overall, Chris Benoit is doing exceptionally well. I commended him for his progress. We reviewed a tentative schedule for his gradual return to the ring. At 6 months out from surgery he may start some gentle jogging. We will obtain x-rays 3 months from now, or about 7 ½ months out from surgery. If the x-rays look good at that time, then he will be able to start some gentle rolls and some moves to work on timing without actual significant contact. I think probably by 9 to 10 months he may do some running and at 10 months perhaps some jumping. Hopefully at 12 months, if there is x-ray documentation of solid fusion, he will be able to return to unrestricted activity, with the exception of extremely high risk measures, such as pile drivers. Chris will call if there are any questions. Otherwise, I will see him back in the office in three months with follow-up x-ray.

Lloyd A. Youngblood, M.D./aeg

c: WWF/Robert Clark/Comp.
Chris Benoit

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRISTOPHER M. BENOIT

DOB: 05/21/67

ID#: 552361

Page Six

01/31/02 NEUROSURGICAL FOLLOW-UP:

Chris Benoit returns to the office today 7 months and 2 days out from anterior cervical discectomy, foraminotomy, fusion and plating at C5-6 and C6-7 with autogeneic right iliac crest bone graft. Chris states "I feel great". His preoperative pain is completely resolved. He has become progressively more active. He is lifting approximately 55 lb. He has been doing light running for some time but yesterday did a hard run for 30 minutes, comparable to his running prior to his running prior to surgery. He tolerated the run well. He is taking no analgesics. He takes an occasional Soma.

On examination his motor function is normal. The incisions have healed nicely.

X-ray of the cervical spine shows the bone graft, plate and screws to be in good position. The fusion is healing nicely. There is no motion noted on flexion/extension views. It appears that he will most likely progress to a solid fusion.

Overall, Chris Benoit is doing very well. He has diligently followed appropriate activity restrictions and a progressive exercise program. He may gradually increase his running. We also reviewed gradual increase in his weight training program. He may start now to do some light upper body pummeling. He may start bumps in two months. I will see him back in the office in three months with follow up x-ray. Assuming the fusion to be progressing, we will further decrease his activity restrictions. Hopefully he will be able to return to the ring one year out from surgery to wrestle with the possible exception of no pile drivers or very heavy neck activities.

I will see him back in three months with x-ray sooner as necessary.

Lloyd A. Youngblood, M.D./laa

c: WWF/Comp-Robert Clark
Chris Benoit

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P. A.
OFFICE NOTES

CHRISTOPHER M. BENOIT

ID#: 552361

Page Seven

DOB: 05/21/67

04/18/02 NEUROSURGICAL FOLLOW-UP:

Chris Benoit returns to the office today, 9 months and 21 days out from his anterior cervical discectomy, foraminotomy, fusion and plating at C5-6 and C6-7 with autogeneic right iliac crest bone graft. His preoperative pain has completely resolved. There are no paresthesias. He has been doing weight training and running as hard as he did preoperatively. He has been doing some chain wrestling at half speed and isometric strengthening exercises. He has been in the ring daily for the last 2 weeks. He has been taking some falls and doing light bumps. He has muscle soreness from the heavy workouts but no pain as prior to surgery. The muscle soreness resolves by the following morning. He takes an occasional Soma. He is taking no narcotic analgesics at all.

On examination, he has good range of motion of the cervical spine. His incisions have healed nicely. His motor function is normal.

X-ray of the cervical spine shows progression of the fusion with incorporation of the bone grafts. The instrumentation is in excellent position. There is no motion on flexion and extension. He appears to have a solid fusion. My Orthopedic Spinal Surgical Associate, Dr. Robert G. Johnson, concurs with the interpretation of the x-rays.

Overall, Chris Benoit is doing extremely well. He is obviously very highly motivated and has worked very diligently in his rehabilitation program. He may continue to gradually increase his activities as tolerated. As of 6/28/02, he may return to unrestricted wrestling activity with the understanding that he should attempt to avoid or minimize landing very hard on the neck or head for the next few months. Chris will give me a call if there are any questions or concerns. I will see him back in the office in three months with follow-up x-ray, sooner as necessary.

Lloyd A. Youngblood, M.D./sgh

c: COMP/WWF - Robert Clark
Mr. Chris Benoit

NORTHWEST IMAGING CENTER

7402 John Smith Drive • San Antonio, Texas • 78229 • (210) 614-4051 • Fax: (210) 692-9354

BENOIT, CHRISTOPHER

D00210674

MR Cervical Spine
25-Jun-2001 1:51 PM

Exam Site: NW

Status: O

DOB: 21-May-1967 Sex: M

Age: 34 Years

Requester: Youngblood, Lloyd A, M.D.

Reason for Exam:

RT C7 RADICULOPATHY/CERVICAL SPONDYLOSIS

IMAGING CONSULTATION Final Report

MR CERVICAL SPINE, WITHOUT IV CONTRAST:

FINDINGS:

C1-2: Normal appearing.

C2-3: Normal appearing.

C3-4: Minimal retrolisthesis. Mild annular bulging and reactive osteophytic ridging at least moderate left foraminal encroachment due to uncovertebral spurring and lateral osteophyte. Relatively mild right foraminal encroachment.

C4-5: Minimal retrolisthesis. Mild annular bulging and reactive osteophytic ridging slightly more pronounced left to midline. Moderate left foraminal encroachment due to uncovertebral spurring. Relative mild right foraminal encroachment.

C5-6: Mild degenerative interspace narrowing with ventral end-plate spurring. Right posterolateral disc protrusion and reactive osteophyte produce moderate effacement along the right ventral surface of the thecal sac with no apparent cord impingement or deformity.

Continuation on Page 2

MEDICAL RECORD COPY

Youngblood, Lloyd A, M.D.
4410 Medical Drive
Suite 610
San Antonio TX 78229

REVIEWED

JUN 28 2001

SWP

NORTHWEST IMAGING CENTER

7402 John Smith Drive • San Antonio, Texas • 78229 • (210) 614-4051 • Fax: (210) 692-9354

Page: 2

BENOIT, CHRISTOPHER

D00210674

MR Cervical Spine
25-Jun-2001 1:51 PM

Exam Site: NW
Status: O
DOB: 21-May-1967 Sex: M
Age: 34 Years

Requester: Youngblood, Lloyd A, M.D.

Page 2 - Continuation

There is marked right foraminal encroachment due to the combination of lateral disc protrusion and reactive uncovertebral spurring. A small amount of extruded disc material within the right sided foramen could not be excluded.

C6-7: Minimal retrolisthesis. Moderate interspace narrowing with mild ventral end-plate spurring. Broad based annular bulging and reactive osteophyte ridging produce partial effacement of the ventral subarachnoid spaces without apparent cord deformity. Moderate bilateral foraminal encroachment is present in conjunction with uncovertebral spurring.

C7-T1: Normal appearing.

Interpreted by: Barry Jay Menick, M.D. /signed by/ RADIOLOGIST, ONLINE

Transcribed on: 26-Jun-2001 12:08 AM by Carol A Moreno 436832
Finalized on: 26-Jun-2001 12:16 AM by Online Radiologist
Attending MD: Youngblood, Lloyd A, M.D.

MEDICAL RECORD COPY

Youngblood, Lloyd A, M.D.
4410 Medical Drive
Suite 610
San Antonio TX 78229

SOUTHWEST TEXAS METHODIST HOSPITAL
METHODIST CHILDREN'S HOSPITAL OF SOUTH TEXAS
7700 FLOYD CURL DRIVE
SAN ANTONIO, TX 78229

PATIENT'S NAME: BENOIT, CHRISTOPHER
DOB: 05/21/67 AGE: 34 SEX: M
ATTENDING PHYS: Dr. Lloyd A Youngblood
UNIT NO: W00847034
ACCOUNT NO: W105635025
PT TYPE: DIS IN
ROOM NO: H.TEN2

DATE OF ADMISSION: 06/27/01
DATE OF DISCHARGE: 06/30/01

PREOPERATIVE DIAGNOSIS: Cervical spondylosis C5-6 and C6-7.

POSTOPERATIVE DIAGNOSIS: Cervical spondylosis C5-6 and C6-7.

OPERATION PERFORMED: Anterior cervical discectomy, osteophyte resection, foraminotomy, anterior interbody fusion with iliac crest bone graft and anterior cervical plating at C5-6 and C6-7.

SURGEON: Lloyd A. Youngblood, MD
ASSISTANT: Clark C. Watts, MD
ANESTHESIOLOGIST: James Wright, MD
ANESTHESIA: General endotracheal.
SPECIMEN: None.
DRAINS: None.
SPONGE COUNT: Correct.
NEEDLE COUNT: Correct.

DESCRIPTION OF PROCEDURE: Christopher Benoit was taken to the holding area and was given Ancef 2 grams and Gentamycin 150 mg. He was subsequently taken to operating room #13 and in the supine position was placed under excellent general endotracheal anesthesia by Dr. James Wright. A Foley catheter was inserted with aseptic technique. The head and neck were placed in gentle extension, supported on the horseshoe head rest with 10 pounds of axial halter cervical traction, a longitudinal shoulder roll and 5 pound sandbag under the right hip. All pressure points were carefully padded, especially the ulnar nerves. The knees and hips were placed in gentle flexion. C-arm fluoroscopy and the shoulder retraction device provided good exposure down through the bottom of C7.

Mr. Benoit was given Decadron and Pepcid, later Zofran and Toradol.

The operative sites were prepped and draped in the usual sterile fashion. Attention was turned first to the right anterior superior iliac crest. A linear incision was made through the soft tissues down to the bone. The crest was exposed and a microsagittal saw, curved quarter inch osteotome and a mallet were utilized to harvest two Smith-Robinson tricortical bone grafts of excellent technical quality.

OPERATIVE REPORT

Lloyd A Youngblood
4410 Medical Dr #610
San Antonio, TX 78229

SOUTHWEST TEXAS METHODIST HOSPITAL
METHODIST CHILDREN'S HOSPITAL OF SOUTH TEXAS
7700 FLOYD CURL DRIVE
SAN ANTONIO, TX 78229

PATIENT'S NAME: BENOIT, CHRISTOPHER	UNIT NO: W00847034
DOB: 05/21/67 AGE: 34 SEX: M	ACCOUNT NO: W105635025
ATTENDING PHYS: Dr. Lloyd A Youngblood	PT TYPE: DIS IN
	ROOM NO: H.TEN2

DATE OF ADMISSION: 06/27/01
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These were set aside for subsequent use. The donor site margins were rounded with an osteon bur. Hemostasis was achieved with bone wax and electrocautery. The wound was periodically irrigated with bacitracin solution. The cavity was filled with fibrillar Surgicel. The fascia was closed with 0 Vicryl interrupted suture. The subcutaneous layer was infiltrated with 20 cc of 0.5% Marcaine with Epinephrine for postoperative analgesia. The subcutaneous layer was closed with interrupted inverted 2-0 Vicryl in the subcuticular layer with interrupted 3-0 Vicryl suture.

Attention was then turned to the anterolateral right neck. A transverse curvilinear skin crease incisions was made and centered over the C6 vertebral body. The incision was carried through the skin, subcutaneous tissue and platysma. Platysmal flaps were created superiorly and inferiorly. A plane of dissection was developed medial to the neurovascular bundle. The omohyoid muscle was spared. Dissection was carried down to the anterior aspect of the spine. The levels were positively confirmed. The longus colli muscle was undercut on either side. Self retaining radiolucent retractors were inserted. We were able to achieve excellent exposure from C5 through C7. The levels were again positively identified.

Anterior osteophytes were removed with the osteon drill system. I incised the C5-6 and C6-7 interspaces with the 15-blade knife. Multiple rongeurs and curettes were utilized to evacuate the interspace contents. The end plates were thoroughly curetted.

I then utilized the osteon drill system as well as the Midas Rex system with AM9 dissecting tool. I drilled out both interspaces under fluoroscopic control, converting the curvilinear interspaces into rectilinear volumes. I decorticated both end plates in the process.

Under fluoroscopic control and through the Zeiss NC4 microscope, I began to drill out the posterior osteophytes to include the osteophytic bar across the posterior inferior margin of the superior vertebral body at each level. I also began to drill out the foraminal osteophytes. I drilled down to the posterior longitudinal ligament and thoroughly drilled out the neural foramina bilaterally as well as

OPERATIVE REPORT

Lloyd A Youngblood
4410 Medical Dr #610
San Antonio, TX 78229

SOUTHWEST TEXAS METHODIST HOSPITAL
METHODIST CHILDREN'S HOSPITAL OF SOUTH TEXAS
7700 FLOYD CURL DRIVE
SAN ANTONIO, TX 78229

PATIENT'S NAME: BENOIT, CHRISTOPHER
DOB: 05/21/67 AGE: 34 SEX: M
ATTENDING PHYS: Dr. Lloyd A Youngblood

UNIT NO: W00847034
ACCOUNT NO: W105635025
PT TYPE: DIS IN
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DATE OF ADMISSION: 06/27/01
DATE OF DISCHARGE: 06/30/01

the osteophytic bar. I then cut through the hypertrophic posterior longitudinal ligament down to the dura. I utilized a thin foot plated 2 mm Kerrison rongeur and removed the posterior longitudinal ligament across the interspace bilaterally, well out into the neural foramina until a 2-0 angled curette would easily pass out along each C6 nerve root. I then opened up the C7 neural foramina bilaterally. I continued this process until a 2-0 angled curette would easily pass out along the C6 and C7 nerve roots on each side. The right C6-7 neural foramen was the tightest. There were no free disk fragments present on either side at either level. The pathology was osteophytes as well as ligamentous hypertrophy.

At this point, the central canal and neuroforamina were thoroughly decompressed. We achieved hemostasis throughout and irrigated with bacitracin solution. I utilized a Cloward depth gauge and measured for subsequent bone grafting.

I then removed the microscope from the field. The nerve roots were very nicely decompressed. I recovered the previously harvested bone grafts and trimmed them to the appropriate size and configuration. They were then tamped into place, first at C5-6 and then at C6-7. The fit was superb and they were under good axial compression.

I then selected a 40 mm Synthes CSLP III plate and the curvature was appropriate. The plate was held in proper position with two temporary fixation pins. I then utilized the awl and placed six large screws, 16 mm length x 4.0 mm diameter, self drilling cancellous bone screws. The purchase on the six screws was superb. The bone quality was outstanding. I then placed six locking screws which resulted in a very solid construct. The fluoroscopy showed the bone grafts, plate and screws to be in excellent position.

I then achieved hemostasis throughout the field and again irrigated with bacitracin solution. I lined the cavity with fibrillar Surgicel. I closed with three layers of interrupted 3-0 Vicryl. The skin of both incisions was closed with half inch Steri-Strips with benzoin. Sterile dressings were applied to the wounds. Anesthesia was reversed. The patient was awakened, extubated and taken to the

OPERATIVE REPORT

Lloyd A Youngblood
4410 Medical Dr #610
San Antonio, TX 78229

SOUTHWEST TEXAS METHODIST HOSPITAL
METHODIST CHILDREN'S HOSPITAL OF SOUTH TEXAS
7700 FLOYD CURL DRIVE
SAN ANTONIO, TX 78229

PATIENT'S NAME: BENOIT, CHRISTOPHER
DOB: 05/21/67 AGE: 34 SEX: M
ATTENDING PHYS: Dr. Lloyd A Youngblood

UNIT NO: W00847034
ACCOUNT NO: W105635025
PT TYPE: DIS IN
ROOM NO: H.TEN2

DATE OF ADMISSION: 06/27/01
DATE OF DISCHARGE: 06/30/01

recovery room with excellent strength in both upper extremities. His preoperative right triceps weakness was clearly much improved. He stated that he was free of radicular pain and paresthesias.

Estimated blood loss 25 to 50 cc with none replaced. Drains, none. Sponge count correct. Needle count correct. Complications none.

Dr. Lloyd A Youngblood

YOUILL, KSB
dd: 07/24/01
dt: 07/25/01 1148
cpcs rpt#: 0725-0183
cc: Dr.

OPERATIVE REPORT

Lloyd A Youngblood
4410 Medical Dr #610
San Antonio, TX 78229

SOUTHWEST TEXAS METHODIST HOSPITAL
METHODIST CHILDREN'S HOSPITAL OF SOUTH TEXAS
7700 FLOYD CURL DRIVE
SAN ANTONIO, TX 78229

PATIENT'S NAME: BENOIT, CHRISTOPHER
DOB: 05/21/67 AGE: 34 SEX: M
ATTENDING PHYS: Dr. Lloyd A Youngblood

UNIT NO: W00847034
ACCOUNT NO: W105635025
PT TYPE: DIS IN
ROOM NO: H.TEN2

DATE OF ADMISSION: 06/27/01
DATE OF DISCHARGE: 06/30/01

Please refer to admission history and physical for preoperative details.

HISTORY OF PRESENT ILLNESS: Christopher Benoit was admitted to Methodist Hospital on 6/28/01 after appropriate counseling. He was taken to the operating room and underwent anterior cervical discectomy, foraminotomy, fusion and plating at C5-6 and C6-7. He had an extremely benign postoperative course. He had prompt and complete resolution of his preoperative radicular pain. His right triceps weakness markedly improved immediately postoperatively. He was up and about the ward on the day of surgery.

On the first postoperative day, he walked 36 flights of stairs. He was up and about the ward independently. He tolerated a regular diet very well. He refused his Morphine pump and Toradol as well as Valium. He continued to do well and was discharged to outpatient follow up on the second postoperative day. His triceps strength was almost back to normal. He had hospital privileges. He was doing exceptionally well.

FINAL DIAGNOSIS: Cervical spondylosis at C5-6 and C6-7 with right C7 radiculopathy.

OPERATION PERFORMED: Anterior cervical discectomy, foraminotomy, fusion and plating, C5-6 and C6-7.

DISPOSITION: He is discharged on Hydrocodone as necessary for pain. He was carefully counseled regarding wound care, diet, appropriate activity levels and use of the cervical orthosis. I will see him back in the office in 4-5 days prior to his return to his home in Atlanta. We discussed appropriate activity levels and care of the neck.

Dr. Lloyd A Youngblood

YOULL, KSB

DISCHARGE SUMMARY

Lloyd A Youngblood
4410 Medical Dr #610
San Antonio, TX 78229

SOUTHWEST TEXAS METHODIST HOSPITAL
METHODIST CHILDREN'S HOSPITAL OF SOUTH TEXAS
7700 FLOYD CURL DRIVE
SAN ANTONIO, TX 78229

PATIENT'S NAME: BENOIT, CHRISTOPHER
DOB: 05/21/67 AGE: 34 SEX: M
ATTENDING PHYS: Dr. Lloyd A Youngblood

UNIT NO: W00847034
ACCOUNT NO: W105635025
PT TYPE: DIS IN
ROOM NO: H.TEN2

DATE OF ADMISSION: 06/27/01
DATE OF DISCHARGE: 06/30/01

dd: 07/24/01
dt: 07/25/01 1427
cpcs rpt#: 0725-0275
cc: Dr.

DISCHARGE SUMMARY

Lloyd A Youngblood
4410 Medical Dr #610
San Antonio, TX 78229

701 DIXIE STREET
CANNONHOLTON, GEORGIA 30117
Telephone (770) 836-0669

Name Chris Benoit SS# _____ Date 6/22/07

REVIEW OF SYSTEMS Reg vup

- o Neurologic _____ o GI _____ o Cardiovascular _____
o GU _____ o Cerebrovascular _____ o Musculoskeletal _____
o Peripheral vascular _____ o Dermatologic _____ o Hematologic _____

PHYSICAL EXAM

Temperature _____ Pulse 68 BP 128/88
Height _____ Weight 221 Respiration 16
General Appearance no distress

	(N	AB	Notes
Skin			same complaints of
HEENT			neck, shoulder pain
Neck			2° to old fx of neck.
Thyroid			5 nodes, decreased from
Lymph nodes			level, scheduled
Veins/carotid			Had been on aspirin (may 20, 06,
Chest			& 2000, left foot
Lungs			5 nodes, 1 node AS before
Heart			when felt this local flow
Abdomen			lost LMS - April by white
Genital			5 nodes not, taking steroid.
Rectal			fx of 1st rib fracture 2°
Extremities			to chronic steroid in past.
Joints			40 tense muscle / muscle
Clubbing/cyanosis			spasms. AS before.
Peripheral pulses			V.S. - 5 nodes.
Edema			A+ x 3
Neurologic			neck - tense tense cart muscle.
			shoulder - (M) tight, limited ROM.
			Chest - clear.

TESTS ORDERED

- o Chest X-ray _____ o Barium enema _____ o TB test _____ o Flex sigmoidoscopy _____
o Kidney X-ray _____ o Gallbladder _____ o Air contrast, Obstruction series _____ o ERCP _____
o UGI series _____ o Electrocardiogram _____ o Endoscopy _____ o Liver biopsy _____
o Colonoscopy _____ o Blood tests _____ o ELISA _____ o Elevated ALT _____

IMPRESSIONS

Review med.
Look by DR Black with WVE
AS per own consent

Dr. Phil C. Astin III, M.D., P.C.
702 Dixie Street
Carrollton, GA 30117

**Fax
Transmission**

Date: 03-16-04

To: Regina

1-800-533-7052 EX 627

Fax number: 1-615-255-3030

From: Dr. Astin III

☐ Please call to confirm receipt

☐ Please respond by return fax

☐ Call only if transmission is incomplete

Our phone: (770) 830-0669

Our fax: (770) 830-6655

of pages including cover page: 3

RE:

Chris Benoit

PHIL C. ASTIN III, M.D., P.C.

Internal Medicine

702 DIXIE STREET
CARROLLTON, GEORGIA 30117
Telephone (770) 830-0669

March 15, 2007

To Whom It May Concern:

Chris Benoit has been a patient of ours for many years.

He was diagnosed with Primary Hypogonadism. His testosterone level was abnormally low and has improved with treatment of testosterone.


Enclosed is a copy of his labs showing improvement in his levels and in his condition.

Yours truly,


Phil C. Astin III, M.D.
Internal Medicine

Addendum:

*Mr Benoit ~~has~~ also been prescribed
Hydrocortisone products with some for the
residual effects he experiences from his previous
injury, especially his fractured neck in 2004.
He hasn't been ^{showing} ~~any~~ ^{any} exposure of misuse on
shape of his medication and is monitored on
a routine basis.*

Yours truly


PHIL C. ASTIN III, M.D., P.C.

Internal Medicine

702 DIXIE STREET
CARROLLTON, GEORGIA 30117
Telephone (770) 830-0669

March 15, 2007

To Whom It May Concern:

Chris Benoit has been a patient of ours for many years.

He was diagnosed with Primary Hypogonadism. His testosterone level was abnormally low and has improved with treatment of testosterone.

Enclosed is a copy of his labs showing improvement in his levels and in his condition.

Yours truly,



Phil C. Astin III, M.D.
Internal Medicine

Addendum:

Mr. Benoit has also been prescribed Hydrocodone products and Soma for the residual affects he experiences from his previous injuries, especially his fractured neck in 2004. He hasn't shown any experience of misuse or abuse of his medications and is monitored on a routine basis.

Yours truly,



Phil C. Astin III, M.D.
Internal Medicine

PHIL C. ASTIN III, M.D., P.C.

Internal Medicine

701 DIXIE STREET
CARROLLTON, GEORGIA 30117
Telephone (770) 636-0669

Name Chris Benoit SS# _____ Date 11-2-06

REVIEW OF SYSTEMS regular sup

o Neurologic _____ o GI _____ o Cardiovascular _____
o GU _____ o Cerebrovascular _____ o Musculoskeletal _____
o Peripheral vascular _____ o Dermatologic _____ o Hematologic _____

PHYSICAL EXAM

Temperature _____ Pulse _____ BP _____
Height _____ Weight _____ Respiration _____
General Appearance _____

	N	AB	Notes
Skin			
HEENT			
Neck			
Thyroid			
Lymph nodes			
Veins/carotid			
Chest			
Lungs			
Heart			
Abdomen			
Genital			
Rectal			
Extremities			
Joints			
Clubbing/cyanosis			
Peripheral pulses			
Edema			
Neurologic			

TESTS ORDERED

o Chest X-ray _____ o Barium enema _____ o TB test _____ o Flexsigmoidoscopy _____
o Kidney X-ray _____ o Gallbladder _____ o Air contrast Obstruction series _____ o ERCP _____
o UGI series _____ o Electrocardiogram _____ o Endoscopy _____ o Liver biopsy _____
o Colonoscopy _____ o Blood tests _____ o ELISA _____ o Elevated ALT _____

IMPRESSIONS

PHIL C. ASTIN III, M.D., P.C.

Internal Medicine

702 DIXIE STREET
CARROLLTON, GEORGIA 30117
Telephone (770) 830-0669

Date:

5-4-06

PATIENT NAME

Chris Benoit

LAST

FIRST

MIDDLE

MEDICAL HISTORY

ADDITIONAL NOTES

Formedic

PHYSICAL EXAM

VITAL SIGNS

HT

WT

BMI

BP
SUPINE

BP
SITTING

100/60

PULSE

RESP
RATE

TEMP

GENERAL APPEARANCE

EXAMINATION

NORM

ABN

- 1) HEAD / SCALP
- 2) EYES
A) FUNDI
- 3) EARS
- 4) NOSE / THROAT
- 5) NECK
A) THYROID
- 6) HEART
- 7) LUNGS
- 8) ABDOMEN
- 9) RECTAL
A) PROSTATE
- 10) EXTREMITIES
A) PULSES
- 11) NEUROLOGICAL
A) DTR
- 12) JOINTS
- 13) GENITALIA
- 14) BREASTS

LIST ALL MEDICATIONS YOU TAKE

MEDICATION

DOSE

TIMES/
DAY

Hormone level

↓
2° to

prob steroid usage

[Signature]

LAB TESTS

URINALYSIS -

COLOR

S.GR

pH

PROT

KETO

BILI

BLOOD

NITRITE

UROB

MICRO -

Hgb

OTHER TESTS / COMMENTS

CHOLEST

HDL -
CHOL

LDL -
CHOL

STOOL

PAP

MAMM-

O.B.

TEST

OGRAM

ASSESSMENT

PLANS

PROGRESS NOTES

PATIENT NAME Chris Benoit

DATE OF BIRTH _____

CHART _____

[illegible]

Dr. Phil C. Astin III, M.D., P.C.
702 Dixie Street
Carrollton, GA 30117

**Fax
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Fax number: 1-615-255-3030

From: Dr. Phil Astin III

Our phone: (770) 830-0669

Our fax: (770) 830-6655

of pages including cover page: 5

RE:

Chris Benoit

7079885 AREA/ROUTE/STOP: QATL002
PHIL C ASTIN III MD
702 DIXIE ST
CARROLLTON, GA 30117-3819



Quest
Diagnostics®

PATIENT NAME BENOIT, CHRIS		PATIENT ID		ROOM NO.	AGE 39	SEX M	PHYSICIAN ASTIN, PHIL C	
PAGE 1	REQUISITION NO. 9278265	ACCESSION NO. AT2580035	LAB REF #	COLLECTION DATE & TIME 11/02/2006 2:00 PM		LOG IN DATE 11/02/2006	REPORT DATE 11/02/2006	SR TIME 1:04 PM
REMARKS								

EASTERN
TIME

SS#258-95-0035

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			
FINAL	Date of Birth: 05/21/1967 TESTOSTERONE, TOTAL	427		NG/DL	241-827	AT
** END OF REPORT - BENOIT, CHRIS AT2580035 **						
<p><i>heller not would shut like 600 m/mc nmg</i></p> <p><i>11-30-06</i></p>						

7079885 AREA/ROUTE/STOP: QATL002
 PHIL C ASTIN, III MD
 702 DIXIE ST
 CARROLLTON, GA 30117-3819



Quest
 Diagnostics®

PATIENT NAME			PATIENT ID		ROOM NO.	AGE	SEX	PHYSICIAN
BENOIT, CHRIS						39	M	ASTIN, PHIL C
PAGE	REQUISITION NO	ACCESSION NO	LAB REF #	COLLECTION DATE & TIME		LOG IN DATE	REPORT DATE	& TIME
1	9728317	AT2589500		10022006 9:38 AM		10022006	10022006	4:26 PM

REMARKS

EASTERN
 TIME

SS# 258-95-0035

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
FINAL		IN RANGE			
		OUT OF RANGE			
Date of Birth: 05/21/1967					
Patient Phone: 770-487-2745					
TESTOSTERONE, TOTAL		355	NG/DL	241-827	AT
PSA, TOTAL SCREENING		0.5	NG/ML	* OR = 4.0	
PSA VALUES FROM DIFFERENT ASSAY METHODS CANNOT BE USED INTERCHANGEABLY. THIS ASSAY WAS PERFORMED USING THE BAYER CHEMILUMINESCENT METHOD.					
** END OF REPORT - BENOIT, CHRIS AT2589500					
be Hew - continuous track 10, 28006					

7079885 AREA/ROUTE/STOP: QATL002
 PHIL C ASTIN III MD
 702 DIXIE ST
 CARROLLTON, GA 30117-3819



Quest
 Diagnostics®

PATIENT NAME BENOIT, CHRIS		PATIENT ID		ROOM NO	AGE 39	SEX M	PHYSICIAN ASTIN, PHIL C
PAGE 1	REQUISITION NO 9728484	ACCESSION NO AT3500958	LAB REF #	COLLECTION DATE & TIME 08022006 10:30 AM		LOG IN DATE 08022008	REPORT DATE & TIME 08022006 1:07 PM

REMARKS

EASTERN
 TIME
 FASTING: N

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			
FINAL	Date of Birth: 05/21/1967 Patient Phone: 770-487-2745 TESTOSTERONE, TOTAL	292		ng/dL	241-827	AT
** END OF REPORT - BENOIT, CHRIS AT3500958 **						
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; left: 30%; font-size: 2em; transform: rotate(-15deg);"> Too Low!! </div> <div style="position: absolute; top: 40%; left: 50%; transform: translate(-50%, -50%); font-size: 1.5em;"> Astin </div> <div style="position: absolute; top: 60%; left: 10%; font-size: 1.5em;"> Needs Supplement? </div> <div style="position: absolute; top: 65%; left: 60%; font-size: 1.5em;"> 9/2/06 </div> </div>						

PHIL C. ASTIN III, M.D., P.C

Internal Medicine

702 DDIE STREET
CARROLLTON, GEORGIA 30117
Telephone (770) 830-0669

Date:

9-16-05

PATIENT NAME

Chris Benoit

LAST

FIRST

MIDDLE

MEDICAL HISTORY

ADDITIONAL NOTES

Formedic

PHYSICAL EXAM

VITAL SIGNS

HT

WT

BMI

BP
SUPINE

BP
SITTING

PULSE

RESP
RATE

TEMP

GENERAL APPEARANCE

EXAMINATION

NORM

XBN

- 1) HEAD / SCALP
- 2) EYES
 - A) FUNDI
- 3) EARS
- 4) NOSE / THROAT
- 5) NECK
 - A) THYROID
- 6) HEART
- 7) LUNGS
- 8) ABDOMEN
- 9) RECTAL
 - A) PROSTATE
- 10) EXTREMITIES
 - A) PULSES
- 11) NEUROLOGICAL
 - A) DTR
- 12) JOINTS
- 13) GENITALIA
- 14) BREASTS

LIST ALL MEDICATIONS YOU TAKE

MEDICATION

DOSE

TIMES/
DAY

LAB TESTS

URINALYSIS -

COLOR

S.GR

PH

PROT

KETO

BILI

BLOOD

NITRITE

UROB

MICRO -

Hgb

OTHER TESTS / COMMENTS

CHOLEST

HDL -
CHOL

LDL -
CHOL

STOOL
O.B.

PAP
TEST

MAMM-
OGRAM

ASSESSMENT

PLANS

PROGRESS NOTES

PATIENT NAME			
Chris	Benoit		
LAST	FIRST	MIDDLE	

DATE OF BIRTH _____
CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
3/24/05	CHIEF COMPLAINT.	Reg V up.
	V.S.	B/P. 140/10.
	R.O.S.	R.R. H.R. TEMP.
	H.P.I.	
	P.M. HX.	
	FAMILY/PSYCHOSOCIAL HX.	
	H/N	
	CHEST	
	C.V.S.	
	ABD.	
	EXT/BACK	
	NEURO.	
	SKIN	
	ASSESSMENT/PROBLEM LIST/PLAN	
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME	Chris Barait	LAST	FIRST	MIDDLE
--------------	--------------	------	-------	--------

DATE OF BIRTH _____

CHART _____

[illegible]

PROGRESS NOTES

PATIENT NAME <u>Chris Beroit</u>		
LAST	FIRST	MIDDLE

DATE OF BIRTH _____
CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
12/14/04	CHIEF COMPLAINT	RF med. Achy all over.
	V.S.	B/P. 130/70
		R.R. 18
		H.R. 72
		TEMP.
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME <u>Chris Benoit</u>		
LAST	FIRST	MIDDLE

DATE OF BIRTH _____
CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
6/16/04	CHIEF COMPLAINT	regular vup. RF meds- Valium, Soma, Halcet, Bontril 5mg. usual aches & pain, problems. Z-pak. sleeping.
	V.S.	B/P. 122/80 P.R. 18. H.R. 68 TEMP.
	R.O.S.	
	H.P.I.	
	P.M. HX.	
	FAMILY/PSYCHOSOCIAL HX.	
	H/N	
	CHEST	
	C.V.S.	
	ABD.	
	EXT/BACK	
	NEURO.	
	SKIN	
	ASSESSMENT/PROBLEM LIST/PLAN	
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME	Chris Benoit
LAST	FIRST
MIDDLE	

DATE OF BIRTH	
CHART	

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
1/22/04	CHIEF COMPLAINT	regular vup RF meds - ^{Asacat} Ambien or Valium neck surgery 2001 - Cont took awkward fall approx 2mts ago - now having problems w neck.
	V.S.	B/P. 118/80 R.R. 18 H.R. 78 TEMP.
	R.O.S.	
	E.P.I.	deery well wenty almost daily stiff/painful neck at times.
	P.M. HX.	3/8 by cent spine.
	FAMILY/PSYCHOSOCIAL HX.	
	H/N	tender/tense neck
	CHEST	Clear
	C.V.S.	
	ABD.	
	EXT/BACK	mild Atrophy of (R) ARM
	NEURO.	2 to old tx
	SKIN	
	ASSESSMENT/PROBLEM LIST/PLAN	
OFFICE TIME		renew meds / sic cgy

PROGRESS NOTES

PATIENT NAME Chris Benoit LAST FIRST MIDDLE

DATE OF BIRTH _____
CHART _____

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
4/24/23		CHIEF COMPLAINT
		V.S. B/P. R.R. H.R. TEMP.
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

JAN 23 2003



PRESCRIPTION REFILL REQUEST

780 N GLYNN ST
FAYETTEVILLE, GA 30214-1193
Tel: 770 716-2262 Fax: 770 716-3136

Date: January 23, 2003

Time: 6:00 AM

Physician Information:

Physician: PHILLIP ASTIN
Phone: 770-830-0669

Fax: 770-830-6655

Patient Information:

Patient: CHRIS BENOIT
Address: 304 PEMBERTON
PEACHTREE CITY, GA 30269

DOB: 05/21/67
Med Record #: Not Available
Requested P/U Time: 01/24/03 01:00 AM

Prescription Information:

Rx Number: 65656-06372

Last Refill Date: 01/16/03

Drug: HYDROCODONE/APAP 10MG/650MG TABS Qty: 40

Sig: TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN

Please select one of the following:

☒ Authorized with: PRN 6 5 4 3 (2) 1 0 additional refills (circle one) (2)

☐ Denied

☐ Authorized with the following changes:

Authorized by:

☐ Dispense as Written

(print name if not original prescriber)

Within state regulations, a generic will be substituted unless otherwise indicated.

PLEASE FAX BACK TO WALGREENS:

770 716-3136
Walgreens, The Pharmacy America Trusts

faxed 1/24/03 Kema

PROGRESS NOTES

PATIENT NAME	Chris Benbit		
	LAST	FIRST	MIDDLE

DATE OF BIRTH	
CHART	

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
12/13/02	CHIEF COMPLAINT	Head & up no neck
		V.S. B/P. 110/70 R.R. 20 H.R. 72 TEMP.
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME	Chris Benat		
	LAST	FIRST	MIDDLE

DATE OF BIRTH	
CHART	

MEDICATIONS ON BACK

DATE	SERVICE	NOTES
9/19/02	CHIEF COMPLAINT	<p>My Vup</p> <p>Clotured; nasal drainage</p> <p>drainage from nose sometimes has</p> <p>color, (ear feels like) pressure, dry cough</p>
		<p>V.S. B/P. R.R. H.R. TEMP.</p>
		R.O.S.
		H.P.I.
		P.M. HX.
		FAMILY/PSYCHOSOCIAL HX.
		H/N
		CHEST
		C.V.S.
		ABD.
		EXT/BACK
		NEURO.
		SKIN
		ASSESSMENT/PROBLEM LIST/PLAN
OFFICE TIME		

PROGRESS NOTES

PATIENT NAME Chris Benoit

DATE OF BIRTH _____
CHART _____

[illegible]